PRINTED: 11/07/2014 FORM APPROVED

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		005009	B. WING		08/21/2014					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
CLARK MEMORIAL HOSPITAL 1220 MISSOURI AVE JEFFERSONVILLE, IN 47130										
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE					
S 000	INITIAL COMMENTS		S 000							
	This visit was for the i complaint.	investigation of one (1) State								
	Complaint number: If Substantiated: State allegations is cited									
	Date of survey: 8/21/	14								
	Facility number: 0050	009								
	Surveyors: Marcia Anness, RN Public Health Nurse S	Surveyor								
	Jennifer Hembree, RN Public Health Nurse S									
	QA: claughlin 10/10/	14								
S1318	410 IAC 15-1.5-10 UT DISCHARGE PLANN	FILIZATION REVIEW & NING	S1318							
	410 IAC 15-1.5-10 (e) (D)(E)									
	(e) To facilitate discharan acute level of care required, the hospital effective, ongoing distribute:	is no longer shall have								
	(3) transfers or refers along with the necess information and recor appropriate facilities, outpatient services, a follow-up or ancillary	eary medical ds, to agencies, or s needed, for								

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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Indiana State Department of Health

NAME OF PROMIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1220 MISSOURI AVE UPSTROMNILLE, IN 47130 PRETIX INJUNION STATEMENT OF DEFICIENCES BY PLAN OF CORRECTION CONFIDENCE OR THE REGULATORY OR LSC IDENTIFYING INFORMATION) S1318 Continued From page 1 Information shall include, but not be limited to, the following: (A) medical history; (B) current medications; (C) activities status; (D) nutritional needs; (E) outpatient service needs; (F) follow-up care needs; and This RULE is not met as evidenced by: Based on policy and procedure review, medical record review and interview, the facility failed to ensure Discharge Summany was completed on 1 of 6 patients' (patient #6) medical records reviewed as required by policy. Findings include: 1. Review of facility policy titled "Medical Record Documentation" last reviewed/revised 9/09 indicated the following: (E) nutrent Medical Records: 3. Discharge Against Medical Advice: Assuming the patient is competent: 3. Instructions about medications, diet, activity, and return appointments. 2. Review of patient #6 medical record indicated the record lacked a discharge summary and lacked discharge instructions. 3. Interview with staff member #1 (VP Nursing) verified in interview at 1615 hours on 8/21/14 that there were no clickarge instructions per policy	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
CLARK MEMORIAL HOSPITAL 1220 MISSOURI AVE JEFFERSONVILLE, IN 47130 PREFIX SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX 1730 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST SE PRECEDED BY FULL TAGE ID PREFIX TAGE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE			005009	B. WING		08/21/2014
CALAR MEMORIAL HOSPITAL SEFERSONVILLE, IN 47130	NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
PREERY TAG (ICACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (ROBS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S1318 S1318 Continued From page 1 information shall include, but not be limited to, the following: (A) medical history; (B) current medications; (C) activities status; (D) nutritional needs; (E) outpatient service needs; (F) follow-up care needs; and This RULE is not met as evidenced by: Based on policy and procedure review, medical record review and interview, the facility falled to ensure Discharge Summary was completed on 1 of 6 patients' (patient #6) medical records reviewed as required by policy. Findings include: 1. Review of facility policy titled "Medical Record Documentation" last reviewed/revised 9/09 indicated the following: E. Inpatient Medical Records: 3. Discharge Against Medical Advice: Assuming the patient is competent: 3. Instructions about medications, diet, activity, and return appointments. 2. Review of patient #6 medical record indicated the record lacked a discharge summary and lacked discharge instructions. 3. Interview with staff member #1 (VP Nursing) verified in interview at 1615 hours on 8/21/14 that there were not discharge instructions per policy	CLARK M	EMORIAL HOSPITAL			7130	
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medical record.	S1318	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 information shall include, but not be limited to, the following: (A) medical history; (B) current medications; (C) activities status; (D) nutritional needs; (E) outpatient service needs; and This RULE is not met as evidenced by: Based on policy and procedure review, medical record review and interview, the facility failed to ensure Discharge Summary was completed on 1 of 6 patients' (patient #6) medical records reviewed as required by policy. Findings include: 1. Review of facility policy titled "Medical Record Documentation" last reviewed/revised 9/09 indicated the following: E. Inpatient Medical Records: 3. Discharge Documentation: iv. Discharge Against Medical Advice: Assuming the patient is competent: 3. Instructions about medications, diet, activity, and return appointments. 2. Review of patient #6 medical record indicated the record lacked a discharge summary and lacked discharge instructions. 3. Interview with staff member #1 (VP Nursing) verified in interview at 1615 hours on 8/21/14 that there were no discharge instructions per policy and no MD discharge summary on patient #6		S1318		

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